



# Patient Safety Component – Hospital Survey

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OMB No. 0920-0666  
Exp. Date: 02-29-2008

\* required for saving

Tracking #:

Facility ID #:

\*Survey Year:

## Hospital Characteristics

\*Hospital Ownership (check one):  
☐ For profit      ☐ Government      ☐ Military  
☐ Not for profit, including church      ☐ Veteran's Affairs

\*Is your hospital affiliated with a medical school:      ☐ Yes      ☐ No

If Yes, what type of affiliation:

\_\_\_\_ MAJOR: Facility is an important part of the teaching program of the medical school and the majority of medical students rotate through multiple clinical services.

\_\_\_\_ GRADUATE: Facility is used by the medical school for graduate training programs only; i.e., residency and/or fellowships.

\_\_\_\_ LIMITED: Facility is used in the medical school's teaching program only to a limited extent.

## Infection Control Practices

- \*1. Number of beds set up and staffed: \_\_\_\_\_
- \*2. Number of ICU beds (including adult, pediatric, and neonatal levels II/III and III): \_\_\_\_\_
- \*3. Number of specialty care beds (including hematology/oncology, bone marrow transplant, solid organ transplant, inpatient dialysis, and long-term acute care [LTAC]): \_\_\_\_\_
- \*4. Number of infection control professionals (ICPs) in facility:  
a. Total hours per week performing surveillance: \_\_\_\_\_  
b. Total hours per week for infection control activities other than surveillance: \_\_\_\_\_

*Continued >>*

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

## Hospital Microbiology Laboratory Practices

- \*1. Does your laboratory perform antimicrobial susceptibility testing? ☐ Yes ☐ No  
If No, where is your hospital's antimicrobial susceptibility testing performed?  
☐ Affiliated medical center of hospital ☐ Commercial referral laboratory

- \*2. Does your laboratory use NCCLS antimicrobial susceptibility standards? ☐ Yes ☐ No  
If Yes, specify what version of the M100 document your laboratory uses? \_\_\_\_\_

- \*3. For the following organisms please indicate which methods are used for:  
(1) primary susceptibility testing and  
(2) secondary, supplemental, or confirmatory testing (if performed).  
If your laboratory does not perform susceptibility testing, please indicate the methods used at the referral laboratory.  
**Please use the testing codes listed below the table.**

Pathogen	(1) Primary	(2) Secondary	Comments
Coagulase-negative staphylococci	_____	_____	_____
<i>Staphylococcus aureus</i>	_____	_____	_____
<i>Enterococcus</i> spp.	_____	_____	_____
<i>Escherichia coli</i>	_____	_____	_____
<i>Klebsiella pneumoniae</i> or <i>K. oxytoca</i>	_____	_____	_____
<i>Serratia marcescens</i>	_____	_____	_____
<i>Enterobacter</i> spp.	_____	_____	_____
<i>Pseudomonas aeruginosa</i>	_____	_____	_____
<i>Acinetobacter</i> spp.	_____	_____	_____
<i>Stenotrophomonas maltophilia</i>	_____	_____	_____

- |                                |                                       |  |
|--------------------------------|---------------------------------------|--|
| 1 = Kirby-Bauer disk diffusion | 5.2 = MicroScan walkaway conventional | 9 = Micromedia                                 |
| 2 = Vitek                      | 5.3 = MicroScan auto or touchscan     | 10 = Etest                                     |
| 3 = Sceptor                    | 6 = Other micro-broth dilution method | 11 = Oxacillin screen (MHA + salt)             |
| 4 = Sensititre                 | 7 = Agar dilution method              | 12 = Vancomycin agar screen (BHI + vancomycin) |
| 5.1 = MicroScan walkaway rapid | 8 = Pasco                             | 13 = Other (describe in Comments column)       |

- \*4. Does your laboratory have a procedure to confirm vancomycin resistance in staphylococci? ☐ Yes ☐ No  
If Yes, please check all methods performed either in your lab or at a referral laboratory:  
☐ Disk diffusion  
☐ Etest  
☐ Vancomycin agar screen plate  
☐ Repeat primary testing method indicated in Question 3  
☐ Other, please indicate using method codes in Question 3 above:

- \*5. Does your laboratory do either screening or confirmatory testing for extended spectrum  $\beta$ -lactamase (ESBL) production according to NCCLS? ☐ Yes ☐ No

- \*6. If ESBL production is suspected how do you report your results to the clinician?  
☐ Change susceptible and intermediate interpretations for third generation cephalosporins and aztreonam to resistant  
☐ Suppress the results for third generation cephalosporins and aztreonam for the report  
☐ No changes are made in the interpretations reported to clinicians